



Ridgecrest Community Hospital

*Personally we care . . .
... Professionally we serve*

July 18, 1995

Andra Zach
OSHPD, RRA, MPA Outcomes Project Manager
Office of Statewide Health Planning and Development
1600 9th Street, Suite 400
Sacramento, CA 95810

Dear Mr. or Ms. Zach:

Please find this letter to address the recent Outcomes Project in which our hospital (Ridgecrest Community Hospital in Kern County) was included. Our hospital fared well in your analysis in all regards with the exception of the Model B Acute Myocardial Infarction Study where we were classed as having significantly worse than expected outcomes. I would like to address this issue.

Unfortunately, half-way through the study Ridgecrest Community Hospital underwent a major change in its handling of acute myocardial infarctions. Around the middle of 1991 we entered into a relationship with a large invasive cardiovascular hospital in Bakersfield (Bakersfield Memorial Hospital) such that we transferred all stable acute myocardial infarction patients to Bakersfield for TPA followed by invasive evaluation. Thus, half-way through your study period the only patients who were admitted to Ridgecrest Hospital for most of the staff practitioners were those who were too sick and unstable to travel (i.e., inappropriate for transfer). Thus, one would expect our mortality rates to appear higher than they actually were because we were transferring nearly all of the non-terminal acute MI patients to our associated invasive cardiovascular support center for acute management. To support this analysis we did a review of the study period and demonstrated that there were at least 10 patients with acute myocardial infarction symptoms who were treated with streptokinase and transferred to the invasive center. These patients, because they were never formally admitted to the hospital, did not appear on our statistics and, yet had they appeared on our statistics, would have made our expected mortality figures much closer to normal (in our brief review these patients, to our knowledge, all did well and were

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still doing well 30 days status post their evaluation at our support center).

Thus, the data on mortality following acute myocardial infarction for Ridgecrest Community Hospital is invalid during the study center because only the highest mortality patients were admitted to our center and the patients who were in a better prognostic grouping were transferred out of our community (beginning half-way through the study).

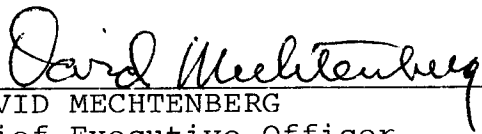
If there are any further questions regarding this issue, please feel free to contact us. We would like our hospital removed from the analysis entirely for the acute MI because we believe that the change in clinical practice which occurred half-way through your study period invalidates any conclusions regarding your data.

Thank you in advance for your consideration in this matter.

Sincerely,



PAUL STEMMER, M.D.
Chief of Staff
Ridgecrest Community Hospital



DAVID MECHTENBERG
Chief Executive Officer
Ridgecrest Community Hospital

PS:DM:sdm